

State of Tennessee



Department of State

Corporate Filings
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

**APPLICATION FOR
CANCELLATION OF
ASSUMED CORPORATE
NAME**

For Office Use Only

Pursuant to the provisions of Section 48-14-101(e) of the Tennessee Business Corporation Act or Section 48-54-101(e) of the Tennessee Nonprofit Corporation Act, the undersigned corporation hereby submits this application:

1. The true name of the corporation is _____

_____.

2. The state or country of incorporation is _____.

3. The corporation intends to cease transacting business under an assumed corporate name by cancelling it.

4. The assumed corporate name to be cancelled is _____

_____.

Signature Date

Name of Corporation

Signer's Capacity

Signature

Name (typed or printed)